MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 37231 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... Primary Registration District No... Registered No..... 2. FULL NAME (a) Residence, No...... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? yrs. mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 14 . 19.33 DIVORCED (write the word) CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIT should be a HUSBAND OF (OR) WIFE OF saw hatter alive on Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at /// HO 4m. N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS day,hrs. Date of onset or min 8. Trade, profession, or particular kind of work done, as spinner, CUPATION sawyer, bookkeeper, etc... Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13, NAME 14. BIRTHPLACE (CITY OR TOWN)... What test confirmed diagnosis?..... Was there an autopsy?.... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19...... Where did injury occur?...(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury...... 18. BURIAL CREMATION. Nature of injury If so, specify..... (ADDRESS)

RECORD

